

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S) 10/069583

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	3						54				
5	/						55				
6	/						56				
7	/	20					57				
8	/						58				
9	/						59				
10	/						60				
11							61				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	6						TOTAL DEP.				
TOTAL CLAIMS	10						TOTAL CLAIMS				